

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	1					
8	1					
9	2					
10	2					
11	2					
12	2					
13	2					
14	2					
15	2					
16	2					
17	2					
18	2					
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50						
TOTAL IND.	8					
TOTAL DEP.	30	←	→	→	→	→
TOTAL CLAIMS	38	██████████	██████████	██████████	██████████	██████████

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.		←	→	→	→	→
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████